Physician's Report on impairment of Vision

U.S. Department of Labor

Employment Standards Administration
Office of Workers' Compensation Programs

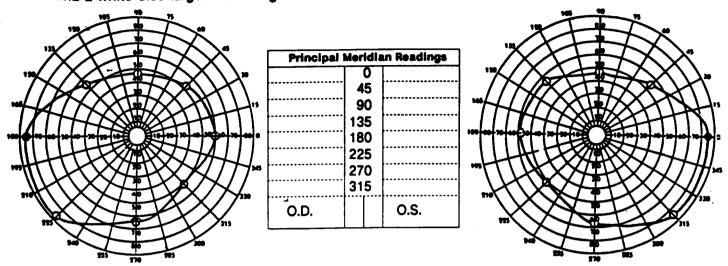
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NSTRUCTIONS: Record vision of both eyes, uncorrected and corrected, for both distance and near vision. Record vision before injury or occupational disease, if known. Distance vision should be tested using the Snellen chart and near vision by the Snellen or Jaeger charts (i.e., 20/20 and 14/14 or J1, etc.). If, in your opinion, the decreased vision was not caused by the injury or occupational disease,								d	No.		
note un ne Visual sed to rec empensa	•	2. Carrier's No.									
Inless it displays a currently valid OMB control number. I. Name of injured employee (First, middle initial, last) 4. Date of injury (injury)									donth, day, year)		
5. Employee's home address (Number, street, city, state, ZIP code)						6. Date of birth - or (Month, day, yea			7. Sex		
3. Name of employer						9. Employer's address (Number, street, city, state, ZIP code)					
. Employ	ree's account of h	ow injury or _	exposure to occu	oational disea	ase occurred	,					
. Which e	eye was injured?		further improvem	ent 13. Da	ate of maxim	e of maximum healing 14. Was the other e			/e affected?		
□ R □ L □ Both □ Yes □ No							No Yes - Describe in item 17				
the deg	gree of Central Vis	sual Acuity. 1	abulate vision be	red. The bes fore injury, if	t vision obta known, and	give date.	hthalmic lenses sl		determinir		
		After In	jury 		Before Injury (if known)						
	Without Correction		With Cor	With Correction		Without Con	rection	With Corr	ection		
	Distance	Near	Distance	Near		Distance	Near	Distance	Near		
O.D.					O.D.	-					
O.S.					O.S.						
7. Remark	(S										
ote: Infor	rmation should be	provided re	garding visual fiel	ds, binocular	vision, and	other functions	when indicated.	See back of this	form.		
18. Physician's Signature			19. Addre	19. Address (Number, street, city, state, ZIP code)				O. Date (Month, day, year)			
				Public Burd	ien Statem	ent					

We estimate that it will take an average of 45 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the U.S. Department of Labor, Division of Longshore and Harbor Workers' Compensation, 200 Constitution Avenue, N.W., Washington, D.C. 20210. **DO NOT SEND THE COMPLETED FORM TO THIS OFFICE**

VISUAL FIELDS (when indicated)

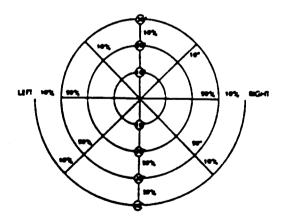
The visual fields should be determined on a standard perimeter with at least 7-foot-candle illumination and using a white disc target measuring 3 mm. A white 6 mm. disc is recommended for uncorrected



The minimum normal extent of visual fields may be defined as: temporally-85 degrees; down and temporally-85 degrees; down-65 degrees; down and nasally-50 degrees; nasally-60 degrees; up and nasally-55 degrees; up-45 degrees; and up and temporally-55 degrees. The visual field efficiency percentage of one eye is computed by adding the number of degrees of the eight principal radii (which normally is 500) and dividing by five.

BINOCULAR VISION (when indicated)

The extent of diplopia is determined on the perimeter at 330 mm or on the ordinary tangent screen at a distance of 1 meter in each of the principal meridians using a small test light without colored lenses or corrective prisms. The results of separation of the two images are plotted on the visual field chart.



OTHER FUNCTIONS

Certain ocular disabilities not covered in foregoing sections, such as disturbances of accommodation, metamorphopsia, strabismus, ectropion, lagophthalmos, deformities of the orbit and cosmetic defects. A full report should be made if these or other disabilities are present.

TIME LAPSE BEFORE FINAL EXAMINATION

It is recommended that the final examination be deferred following certain conditions, for example, at least 3 months after all visible evidences of inflammation have disappeared, at least 6 months following surgery, and at least 12 months, preferably not more than 16, in cases of disturbance of the extraocular muscles, sympathetic ophthalmia, traumatic cataract or optic nerve atrophy.